

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

411110

STATE FILE NUMBER

FILED DEC 2 - 1957

Registration District No. 204

Primary Registration District No. 3043

Registrar's No. 458

1. PLACE OF DEATH a. COUNTY <u>Marion</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Y.M.C.A. 418 Center</u> Length of stay in 1b				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u> c. CITY OR TOWN <u>Hannibal</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>Y.M.C.A. 418 Center</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First <u>JOSEPH</u> Middle <u>JACKSON</u> Last <u>BROWN</u>				4. DATE OF DEATH Month <u>November</u> Day <u>16</u> Year <u>1957</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>January 20, 1908</u>		9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>26</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SLES MZN</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>BONDS</u>		11. BIRTHPLACE (City and state or country) <u>Hannibal Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>			
13. FATHER'S NAME <u>Orville A. Brown</u>						14. MOTHER'S MAIDEN NAME <u>Fannie Bess Schofield</u>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW2</u>				16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Horace Brown Hannibal Missouri</u>							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ventricular fibrillation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary sclerosis</u> DUE TO (c) <u>4201</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)												INTERVAL BETWEEN ONSET AND DEATH <u>very short</u> <u>unknown</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)									
20c. TIME OF INJURY Hour <u></u> a. m. <u></u> p. m. <u></u>				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>									
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION				COUNTY		STATE			
21. I attended the deceased from <u>found dead in his room</u> and last saw her <u>him</u> alive on <u></u> Death occurred at <u></u> m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Henry S. Smith Jr. M.D. Coroner</u>						22b. ADDRESS <u>Hannibal Mo</u>				22c. DATE SIGNED <u>11/20/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				23b. DATE <u>11/18/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Grand View Burial Park</u>				23d. LOCATION (City, town, or county) <u>Hannibal Missouri</u> (State)			
24. FUNERAL DIRECTOR <u>H. C. Smith</u> ADDRESS <u>Hannibal Missouri</u>				25. DATE RECD. BY LOCAL REG. <u>11/21/57</u>				26. REGISTRAR'S SIGNATURE <u>Ed M. Lucke By H. C. Fisher</u>					

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

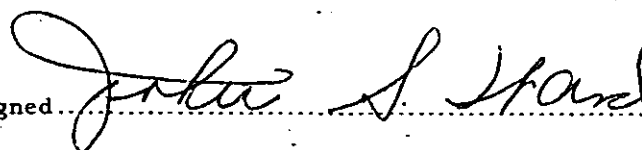
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RECEIVED NOV 29 1957
MARION CO. HEALTH DEPT.
DATE FILED NOV 29 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 4540

P. O. Address Hannibal, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.